

HIV and Women in North Carolina Reported HIV Case Data, 2014



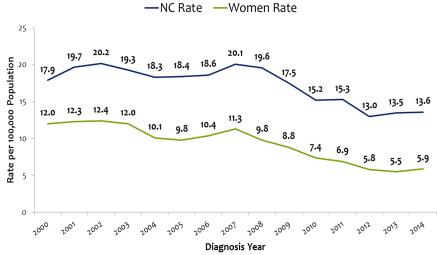
Newly diagnosed HIV infection rates among women have declined slowly since 2000, and are currently stable

In 2014:

- Women account for 22%

 (292) of the 1,341
 newly diagnosed
 HIV infections.
- Of the 28,526
 people diagnosed
 and living with HIV
 infection in North
 Carolina, 29%
 (8,144) are women.
- An additional 1,000 women are estimated to be living with HIV in North Carolina and are unaware that they are infected.

North Carolina Newly Diagnosed HIV Infection Rates

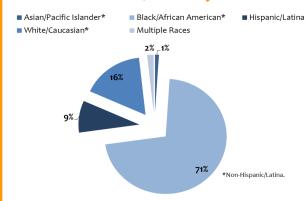


No Reported Perinatal Transmission of HIV in 2014

- 179 (61%) new diagnoses among women occurred in women who are of child-bearing age (15 to 44 years).
- Since 2007 when new HIV testing statutes were implemented, perinatal transmission has decreased. In 2014, no reported cases of perinatal transmissions of HIV occurred in North Carolina.

More than two-thirds of new HIV diagnoses are among Black/African American women

New HIV Diagnoses among Women by Race/Ethnicity



- 208 (71%) new diagnoses were among Black/African American women.
- 55 (19%) of the new HIV diagnoses among women were also diagnosed with AIDS within 6 months of their HIV diagnosis.
- HIV infection rates are related to poverty, as well as race/ethnicity. HIV rates are higher in low-income areas (CDC 2010), and Black/African American and Hispanic/Latinos are more likely to live in these areas.

Want More Information?

HIV/STD Facts and Figures web site: http:// epi.publichealth.nc.g ov/cd/stds/ figures.html

Centers for Disease Control and Prevention Fact Sheets on Women and HIV: http://www.cdc.gov/

features/ womengirlshivaids/

Data Source:

enhanced HIV/AIDS Reporting System (eHARS) (data as of June 25, 2015).

Contact Us

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1



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What is North Carolina doing to decrease HIV infection among women?

- North Carolina DHHS efforts to control HIV by testing (to diagnose new cases) and linking patients to care (HIV treatment improves health outcomes and medication taken as prescribed will prevent transmission of the virus to others).
- North Carolina provides funds for HIV testing. Almost 210,000 HIV tests were conducted at the North Carolina State Laboratory of Public Health (SLPH) in 2014. Of those, 136,059 (65%) were women, and 69 (0.2%) were newly diagnosed infections.
- State bridge counselors actively look for people who have been identified as out-ofcare and offer assistance in addressing barriers to care to facilitate re-engagement into care.
- Pregnant women receive priority support if HIV-positive to ensure the health of mother and baby.

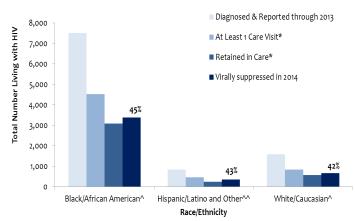
What CLINICIANS can do

All pregnant women should be tested for HIV and syphilis at their first prenatal visit, followed by a second test during the third trimester (around week 36) in order to prevent mother-to-child transmission. A third syphilis test should be done at delivery. Women with no prenatal care should be tested at delivery for both HIV and syphilis.

If you are a care provider, ensure that you receive regular cultural competency training (resources in sidebar).

More than half of women living with HIV have detectable virus

HIV Continuum of Care for Women Living in North Carolina through 2014



^{**}At least 1 care visit in a given year; Retained in care is defined as having 2 or more care visits at least 3 months apart in a given year.

^Non-Hispanic/Latino.
^^Other includes American Indian/Alaska Native, Asian/Pacific Islander, Multiple Race and Unknown.

The successful treatment of HIV results in no detectable HIV in the blood, called viral suppression. Viral suppression reduces the risk of HIV transmission to near zero.*

For women diagnosed in 2013 and living in North Carolina through 2014, viral suppression was documented for 44% of the total cases. This is similar to the statewide percentage (45%), but is likely a slight underestimation of the true viral suppression. Incomplete viral suppression suggests that 56% of women are NOT receiving the full benefit of treatment.

Recommendations from the CDC 2015 STD Treatment Guidelines:

 In HIV care settings, women should be screened for syphilis every 3 to 4 months if sexually active and every year at a minimum.

Cultural Competency
(C3) Trainings and
Information on Care and
Prevention in the United
States (CAPUS) in North
Carolina web site:
http://
www.med.unc.edu/
ncaidstraining/capus

State of North Carolina •
Pat McCrory, Governor
Department of Health and
Human Services •
Richard O. Brajer, Secretary
Division of Public Health •
Randall Williams, M.D.,
State Health Director
HIV/STD Surveillance Unit
www.ncdhhs.gov •
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*ADAP web site:

epi.publichealth.nc.gov/cd/hiv/program.html

What YOU can do

If you have HIV, get treatment: you deserve the longest and happiest life you can have!

*For help with medication assistance, see the AIDS Drug Assistance Program (ADAP) resources in the side bar.